



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD FOR LICENSING CONTRACTORS**

500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER, SUITE 110
NASHVILLE, TENNESSEE 37243-1150
TELEPHONE: 800-544-7693 OR (615) 741-8307 OR FACSIMILE (615) 532-2868
www.state.tn.us/commerce/boards/contractors

Pre-Approval for Plumbing Exam

Effective May 24, 2007, T.C.A. 62-6-111(I), the law requires plumbers to have three (3) years experience and to be pre-approved by the Board before taking the mechanical plumbing exam (CMC or CMC-A).

In order to be approved to take the exam, please complete the attached "Exam Approval Request" (pages 1-3). It must be signed and notarized, with verification as a plumber with three (3) years experience, as follows:

- Page two (2) of this form must be provided, unless, attaching proof with a copy of local or out-of-state plumbing license; or a W-2 form from a plumbing contractor employer;
- Page three (3) of this form must be provided or a resume showing a minimum of three (3) years experience; or
- Those with a Plumbing or Mechanical Engineer's (Bachelor/Master) degree are not required to include pages 2-3.

Upon receipt of the completed request confirming proof of (3) years plumbing experience, the Board will send PSI, Inc. (the exam vendor) confirmation to approve an applicant's SS# for testing. This process takes less than three (3) business days and requests may be faxed to (615) 532-2868; or emailed to Carolyn.Lazenby@state.tn.us or you may mail to the address listed above. *Note: Please allow 5 to 7 business days for mail receipt.*



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Email: Carolyn.Lazenby@state.tn.us or Telise.Roberts@state.tn.us

Plumbing Exam Pre-Approval Request

(Check One)

☐ CMC-A (Plumbing) Exam

☐ CMC (Mechanical) Exam

Applicant Information

Name: _____ SS#: _____

Address: _____

City _____ State _____ Zip Code _____
Telephone : (____) _____ - _____ Cell: (____) _____ - _____ Fax : (____) _____ - _____

Email Address: _____

Experience

1. Please attach proof from municipality, county or city permit office of plumbing work (pg 2)
2. Are you an employee of a plumbing contractor? ___ No ___ Yes – License ID# _____
If yes, Name of Contractor: _____
(May attach copy of W-2 Form from plumbing contractor as evidence in lieu of verification on pg 2)
3. Do you have a Plumbing or Mechanical Engineering degree?
___ No ___ Yes – Attach copy of documentation – (If yes, may be approved without pg 2 & 3)

Notarize

I hereby certify, I am at least 18 years of age, have at least three (3) years plumbing experience and the information submitted within this application is true and correct, to the best of my knowledge.

Signature

Affirmed, witnessed and subscribed before me this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

Effective May 24, 2007, legislation requires individuals to be pre-approved prior to taking the mechanical plumbing exam. In order to be approved, you must submit evidence from a past client, employer or codes official by attaching page 2; or a copy of local plumbing license; or a copy of W-2 form. In addition, must also include proof of three (3) years experience (page 3). Upon receipt, approval will be confirmed with PSI to allow registration.

For Office Use

____ Approved – May take CMC-A or CMC Exam
____ Disapproved – Needs to provide evidence of three (3) years plumbing experience; need page: __2__ 3
____ Other: _____

Reviewed By _____ / _____ Date _____

____ - Sent to PSI, Inc. - ____/____/____

____ - Write letter(s) - _____

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**PLUMBERS MUST SHOW EVIDENCE OF PLUMBING EXPERIENCE IN ORDER TO BE APPROVED
TO TAKE THE CMC-A/CMC MECHANICAL PLUMBING EXAM**

EXPERIENCE AND/OR LOCAL LICENSE VERIFICATION Section A
To Be Completed By Applicant

Plumbing Applicant's Name: _____

Address: _____

Telephone:(____)____-____ **Cell:**(____)____-____ **Fax:**(____)____-____;

Applicant's Signature:_____

SECTION B: TO BE COMPLETED AND SIGNED BY PAST EMPLOYER, CONTRACTOR OR AGENCY

The above named applicant is required to submit proof of plumbing experience in the State of Tennessee as a requirement to be approved to take the CMC-A plumbing contractor's exam. Our Board appreciates your time and cooperation. Please complete, sign and return to the plumber applying to take the exam.

Form completed by:

___ **Employer/Plumber Contractor:** _____

or

___ **Licensing Agency** (County/City/Municipality Permit Office) - _____

Type of License: ___ Master ___ Journeyman ___ Apprentice ___ Not Applicable ___ Other: _____

Licensed By:

☐ Exam - Type & Score: _____ Date _____

☐ Endorsement- State/City/County _____

☐ Not Applicable: _____

Verification

It is my opinion, to the best of my knowledge, the above named plumber applicant has the following amount and type of plumbing experience:

Experience: ___ 0 – 12 months ___ More than one (1) year; ___ Three (3) years or more

Type of Plumbing: ___ Water Piping ___ Gas Piping ___ Water Heater ___ Backflow
___ Sprinkler and Fire Protection ___ Irrigation or Lawn Sprinklers ___ Sewage
___ Connection to Potable Water ___ Installation of Appliances ___ Fixtures
___ Other: _____

*(SIGNATURE) (Print Name) (Title)

***Note:** Plumbers requesting pre-approval may not sign for themselves; must come from person verifying experience.

(May attach W-2 form from plumbing contractor or copy of plumbing license from another municipality in lieu of this form, otherwise, this form must be submitted as proof of experience. Also attach page 3)

Plumbing Work Experience - 3 Years Required

Name of Employer or Customer _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Contact Person: _____ Telephone: _____ Fax: _____

Date of Employment: _____ to _____ Total: _____ / _____ / _____
(Beginning) (End) Years/Months/Weeks

Type of Work: _____

Name of Employer or Customer _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Contact Person: _____ Telephone: _____ Fax: _____

Date of Employment: _____ to _____ Total: _____ / _____ / _____
(Beginning) (End) Years/Months/Weeks

Type of Work: _____

Name of Employer or Customer _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Contact Person: _____ Telephone: _____ Fax: _____

Date of Employment: _____ to _____ Total: _____ / _____ / _____
(Beginning) (End) Years/Months/Weeks

Type of Work: _____

Name of Employer or Customer _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Contact Person: _____ Telephone: _____ Fax: _____

Date of Employment: _____ to _____ Total: _____ / _____ / _____
(Beginning) (End) Years/Months/Weeks

Type of Work: _____

Name of Employer or Customer _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Contact Person: _____ Telephone: _____ Fax: _____

Date of Employment: _____ to _____ Total: _____ / _____ / _____
(Beginning) (End) Years/Months/Weeks

Type of Work: _____